

Illinois Law Enforcement Training and Standards Board

4500 South 6th Street Road, Room 173

Springfield, Illinois 62703-6617

Telephone: (217) 782-4540

Fax: (217) 524-5350

Lead Homicide Investigator Recertification Form

Please type or print legibly

Failure to provide all requested information could lead to delay in processing

Investigator name: _____
(as it appears on the existing Lead Homicide Investigator certificate)

LHI Certificate Number: _____ Date of certification: _____

Certifying Agency: _____

Point of Contact Email: _____

Point of Contact Phone Number: _____

Address: _____

City, Zip Code: _____

I certify that the information contained herein is true and complete to the best of my knowledge.

Signature of Chief Law Enforcement Officer

Date

NOTE: A list of approved training courses/conference for Lead Homicide Investigator Recertification Training can be found on the Training Board website. It is the responsibility of the agency to document and maintain all Lead Homicide Investigator recertification training documents to include certificates and other training materials which demonstrates compliance with for audit purposes.

**Recertification form and documents must be mailed only –
no fax or scanned documents**

Lead Homicide Investigator Recertification Training

Provide name of MTU, association, or organization conducting the course, course title, location, dates, and number of hours completed. **Please attach copies of training certificates.**

If you need additional space for training classes, please copy the next page as needed.

Incomplete documentation will cause the form to be returned to the agency for additional information.

Training organization/business/association: _____

Location: _____ Date(s): _____

Course title: _____

Hours of training: _____

Training organization/business/association: _____

Location: _____ Date(s): _____

Course title: _____

Hours of training: _____

Training organization/business/association: _____

Location: _____ Date(s): _____

Course title: _____

Hours of training: _____

Lead Homicide Investigator Recertification Training

Training organization/business/association: _____

Location: _____ Date(s): _____

Course title: _____

Hours of training: _____

Training organization/business/association: _____

Location: _____ Date(s): _____

Course title: _____

Hours of training: _____

Training organization/business/association: _____

Location: _____ Date(s): _____

Course title: _____

Hours of training: _____

Training organization/business/association: _____

Location: _____ Date(s): _____

Course title: _____

Hours of training: _____
